



State and University Employees Combined Appeal

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
LAST FIRST MI

Social Security # or ID#
If Required for Payroll Deduction

Employer: _____

Agency #

Home Address: _____

Pay Code

City: _____ State: _____ Zip: _____

PAYROLL CONTRIBUTION

I wish to contribute through SECA by payroll deduction the per pay amounts shown below. (A minimum of \$2.00 per pledge form is requested to reduce administrative costs.)

ORGANIZATION CODE	AGENCY CODE	AMOUNT PER PAY
1. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT PER PAY
FOR THIS ORGANIZATION:

2. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT PER PAY
FOR THIS ORGANIZATION:

3. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT PER PAY
FOR THIS ORGANIZATION:

4. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT PER PAY
FOR THIS ORGANIZATION:

5. Total per Pay (Total Lines 1 - 4) _____

6. Number of Pay Periods That I Wish
to Make a Contribution. _____

7. Annual Payroll Deduction Total
(Lines 5 Times Line 6.) _____

I authorize my employer to deduct from my paycheck the amount recorded in Line 7 beginning with the January 2014 pay period.

Signature: _____

Date: _____

ONE-TIME DIRECT GIFT

I wish to donate to the listed charities by writing a personal check or money order made payable to the organization of my choice. (No checks made payable to SECA.)

ORGANIZATION CODE	AGENCY CODE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Total One-Time Direct Gift:

(The organization and agency code MUST be on your check.)

TOTAL SECA GIFT

(Total Lines 7 and 8)

Thank You!

- RELEASE OF INFORMATION -

For Contributions under \$250

☐ I wish my gift to be **ANONYMOUS** with the understanding that my name will not be reported to the charity(ies) I'm supporting and I will not receive any acknowledgement.

Leadership Giving

For Contributions of \$250 or more CHECK ONE of the following:

☐ YES - my contribution is \$250.00 or more and I would like to be **RECOGNIZED** by the charity(ies) I chose, receive a Leadership Gift and have my name listed on the SECA website as a Leadership Giver.

☐ NO - my contribution is \$250.00 or more and I choose to be **ANONYMOUS** and not be recognized by the charity(ies) I chose or have my name listed on the SECA website as a Leadership Giver. I understand that if I choose to give anonymously, I will not be eligible to receive a Leadership Gift.

SECA charities are prohibited from releasing, sharing or selling donor information, and do not provide goods or services in whole or partial consideration for any contribution.